MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/623726

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	1						51							
2		1					52							
3		2					53							
4		①					54							
5		①					55							
6		①					56							
7		①					57							
8		①					58							
9		①					59							
10		①					60							
11		①					61							
12		①					62							
13		①					63							
14		①					64							
15		①					65							
16		①					66							
17		①					67							
18		①					68							
19		①					69							
20		①					70							
21		①					71							
22		①					72							
23		①					73							
24		①					74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
29		1					79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
34		1					84							
35		1					85							
36		1					86							
37		1					87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL							TOTAL IND.							
TOTAL			36				TOTAL DEP.							
TOTAL CLAIMS		37					TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS R AMENDMENTS